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CONFIRMATION NO. 3349

<b>SERIAL NUMBER</b> 10/612,144	<b>FILING OR 371(c) DATE</b> 07/02/2003 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> CT Imaging
<b>APPLICANTS</b> Arjan Tibbe, Deventer, NETHERLANDS; Jan Greve, Oldenzaal, NETHERLANDS; Leon W.M.M. Terstappen, Huntingdon Valley, PA; Bart De Grooth, Oldenzaal, NETHERLANDS, Deceased;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/29/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 40541				
<b>TITLE</b> Devices and methods to image objects				
<b>FILING FEE RECEIVED</b> 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	